

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

Weekly Bulletin

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EDITOR

*Examination for Public Health Nursing Certificate**

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FOREWORD: Since the publication of Pearl McIver's article in the July (1930) number of *The Public Health Nurse*, considerable interest has been shown in the California act concerning the public health nursing certificate. Because of this interest, all applications for these examinations were studied and the information concerning the preparation and number of applicants was tabulated by Helen F. Hansen. This article grew out of this study and the experience of Dr. Adelaide Brown who has sponsored the movement from the beginning.

In May, 1920, at the State Conference of Social Agencies at Riverside, California, the California State Board of Health announced that plans had been effected for the issuance of public health nursing certificates in this State. All nurses registered in the State and actively engaged in public health nursing work would be granted certificates under a waiver, which was to expire in October, 1921, when the first examination for the granting of certificates would be held. Four hundred ninety-three public health nurses were granted certificates under this waiver.

When these examinations were instituted, the requirements were outlined by the Public Health Nursing Committee of the Department of Public Health of California. This committee, to whom the work of developing the procedure of examination and of changing requirements for applicants has been delegated, is composed of four physicians.

The first requirements for this examination were as follows:

Applicant shall be registered nurse under the laws of California. She shall have completed a public health nursing course of eight months in a school approved by the California State Department of Public Health, or shall present

evidence of having engaged in general public health nursing for at least two years in connection with a public health organization approved by the California State Department of Public Health.

After a careful study, nineteen institutions were accredited, for public health nursing experience in California, while applicants with experience outside of the State were considered individually.

After observing the results of the examinations and type of applicant for several years, it became evident to the committee that those nurses who had taken definite public health courses were markedly superior to those presenting experience alone. Therefore, in 1925 this additional requirement was made:

In addition to the two years' practical experience, evidence shall be required showing that the candidate has attended a summer course of at least six weeks at the University of California, at Berkeley or Los Angeles, or a course of equal standard at any other university.

Or the nurse may show evidence that she has completed a four months' course in public health nursing, the outline of which has been approved by the California State Department of Public Health, which will be accepted in lieu of the six weeks' course in public health nursing at a university.

These requirements, together with an affidavit concerning the validity of credentials presented, are still in effect.

In California, courses in public health nursing have been established at the University of California and at Stanford. These have been observed by the Public Health Nursing Committee of the Department of Public Health and accepted as fulfilling the requirements for examination.

* Reprinted from *Public Health Nursing* for July 1931.

The University of California was the first in this State to establish such a course. Eleven of the fifteen candidates in 1921 who had taken an eight months' course came from this university. In 1930, fifty-one applicants had completed the eight months' course, eight of these being from Stanford, thirty from the University of California and thirteen from outside the State.

The total number taking the examination has varied considerably in different years, depending upon the need for nurses in the various positions in which public health nursing certificates are required. In the same way, the number of examinations given each year varies from two to three.

It is interesting to note that in the period from 1921 to 1930, inclusive, the applicants were distributed as follows, in relation to their preparation in public health nursing:

8 months' course-----	288
2 years' experience plus six weeks' course--	196
2 years' experience plus four months' course	125
Experience alone -----	157

The total number passing these examinations for the years mentioned has been 707, which, added to the 493 who received certificates under the waiver, makes a total of 1200 certificates in public health nursing issued by the Department of Public Health.

It is also interesting to note that thirty-seven universities have been represented by applicants taking these examinations, the eight with the highest number of applicants being:

University of California (includes six weeks' course) -----	386
Stanford University -----	70
Columbia University-----	38
University of Minnesota-----	14
Chicago School of Civics and Philanthropy--	11
Simmons College -----	9
Western Reserve University-----	8
Washington University -----	7

There has been splendid cooperation in California in raising the standards of public health nursing. In the Political Code, 1919 enactment, are two strong enabling acts foreseeing the advantages of giving the State Department of Public Health the power to prescribe qualifications for public health nurses. These acts are section 3062, which provides for the appointment of public health nurses in cities, and section 4225b, which provides for their appointment in counties. In both cases the nurse must be "a registered nurse possessing such qualifications as may, at the date of her employment, be prescribed by the

Department of Public Health." In both cases the board of supervisors may determine the compensation.

The Pacific Branch of the American Red Cross is also cooperating by inducing all nurses who have not completed the eight months' course to take one of the required six weeks' courses and thus qualify for examination after two years' experience.

A similar plan is under discussion with the California State Board of Education and there is every prospect for its success. Six hundred four out of 802 public school nurses have public health nursing certificates, but when this plan is in operation all nurses doing any kind of public health nursing work in the State will belong to the certified group.

The standardization of public health nursing in California, through the examination and certification of public health nurses by the State Board of Public Health, is a decided factor in the promotion of efficiency and the development of prestige. Employers of public health nurses, through the operation of this scheme of standardization, are relieved of the difficulties involved in determining the fitness of a prospective employee. The nurse is benefited through the individual prestige that the certificate affords. The whole profession of public health nursing has profited through this procedure, as well as health officers, official and unofficial health and welfare agencies, and other employers of public health nurses.

DR. GEIGER IS SAN FRANCISCO HEALTH OFFICER

Dr. J. C. Geiger, Professor of Epidemiology in the University of California Medical School and Associate in the Hooper Foundation for Medical Research, has been appointed Health Officer of San Francisco, succeeding Dr. William C. Hassler who died recently. Dr. Geiger is eminently qualified for this position. He is a graduate of the Tulane School of Medicine in New Orleans and he has had extensive training in public health and preventive medicine. Many years ago, he was Epidemiologist on the staff of the California State Board of Health. Later he served in similar capacity with the United States Public Health Service. He has gained world-wide renown through his research into malaria and food-poisoning, particularly in botulism. For several years he served as Assistant Health Officer of Chicago, following the tenure of which office, he returned to California and to the University of California School of Medicine. The City of San Francisco is to be congratulated upon securing the services of a health officer who is so eminently qualified for the work.

THE CRIPPLED CHILD'S BILL OF RIGHTS

The International Society for Crippled Children, in Tenth Annual Convention assembled, at Cleveland, Ohio, declared the following to be the "Crippled Child's 'Bill of Rights,'" in which and through which the Society, for the first time states, from the standpoint of the child, its program for the prevention of crippling conditions, the finding of the crippled child, its care, treatment and education, and finally, its placement in the life of the world.

1. Every child has the right to be well born; that is to say, the right to a sound body, complete in its members, physically whole. In the securing of this right we pledge ourselves to use our influence that proper prenatal, intranatal and postnatal care be provided to the end that congenital deformity, in so far as it is humanly and scientifically possible, be prevented.

2. Every child has the right to develop under clean, wholesome, healthful conditions. In declaring this right, this Society undertakes to use its influence to the end that children everywhere through proper legislation, both local and general, and through proper supervision and protection, may grow to manhood and womanhood free from crippling conditions caused by insufficient nourishment, improper food, or unsanitary environment, and free, so far as possible, from danger of accident, wounding or maiming.

3. Notwithstanding the rights of children to be well born and to be protected throughout childhood, it is recognized that in spite of all human precautions there will be, unfortunately, some crippled children. These we declare to have the right to the earliest possible examination, diagnosis and treatment, recognizing, as we do, the fact that many thousand cases of permanent crippling may be eliminated by early and effective care.

4. Every crippled child has a right, not only to the earliest possible treatment, but to the most effective continuing care, treatment and nursing, including the use of such appliances as are best calculated to assist in remedying or ameliorating its condition.

5. Every crippled child has the right to an education. Without this, all other provisions, unless for the relief of actual suffering, are vain.

6. Every crippled child has the right not only to care, treatment and education, but to such treatment as will fit him or her for self-support, either wholly or partially, as the conditions may dictate. Without such practical application education is likewise purposeless.

7. Every crippled child has the right to vocational placement, for unless the child,—boy or girl—after having been given physical care and treatment, and after being educated and trained, is actually placed in a proper position in the life of the world, all that has gone before is of no avail.

8. Every crippled child has the right to considerate treatment, not only from those responsible for its being and for its care, treatment, education, training and placement, but from those with whom it is thrown into daily contact, and every possible influence should be exerted by this and affiliated organizations to secure this right, in order that, so far as possible, the crippled child may be spared the stinging jibe or the bitter taunt, or, worse still, the demoralizing pity of its associates.

9. Every crippled child has the right to spiritual, as well as bodily development, and, without regard to particular religious or denominational belief, is entitled to have nourishment for soul-growth.

10. In brief, not only for its own sake, but for the benefit of society as a whole, every crippled child has the right to the best body which modern science can help it to secure; the best mind which modern education can provide; the best training which modern vocational guidance can give; the best position in life which his physical condition, perfected as best it may be, will permit, and the best opportunity for spiritual development which its environment affords.

In the health of the people lies the strength of the nation.—*Gladstone.*

HEALTH OFFICERS MEET AT DEL MONTE

The health officers of California, constituting the Health Officers Section of the League of California Municipalities, held their annual meeting at Del Monte, September 21 to 24. There was a total attendance of nearly 200. The program, which was built for the most part in the form of round table conferences, was decidedly successful. The conference on public health education was particularly interesting. Papers relating to vital statistics and epidemiological records were well received. Some of the papers presented at the conferences will be published from time to time in the WEEKLY BULLETIN. The constitution of the Health Officers Section was amended so that the State Director of Public Health becomes the Secretary of the Health Officers Section, and the President and First and Second Vice Presidents are chosen from the ranks of the health officers. Those who are elected for the coming year are: President, Dr. W. B. Wells, City and County Health Officer, of Riverside; First Vice President, Dr. A. M. Lesem, City and County Health Officer, of San Diego; Second Vice President, Dr. Frank L. Kelly, City Health Officer of Berkeley; Secretary and Treasurer, Dr. Giles S. Porter, Director of the State Department of Public Health, Sacramento.

CERTIFICATION OF LABORATORIES IN CALIFORNIA

Dr. Wilfred H. Kellogg, Chief of the Bureau of Laboratories of the State Department of Public Health, has written an article entitled "The Certification of Laboratories in California" which is printed in the September issue of the American Journal of Public Health.

The development of the plan for the certification of laboratories in this State has attracted a great deal of attention throughout western states, and it is believed that many other states throughout the country will adopt similar plans within their respective public health organizations.

MORBIDITY*

Diphtheria.

56 cases of diphtheria have been reported, as follows: Livermore 1, Oakland 4, Fresno County 1, Kern County 1, Los Angeles County 6, Burbank 1, Compton 2, Glendale 1, Huntington Park 1, Long Beach 2, Los Angeles 17, Monrovia 1, Montebello 1, Whittier 1, Torrance 2, Monterey County 1, Orange County 4, Riverside County 1, Sacramento 2, San Bernardino County 2, San Francisco 1, Modesto 2, Ventura 1.

Scarlet Fever.

62 cases of scarlet fever have been reported, as follows: Oakland 4, Crescent City 2, Fresno County 1, Fresno 2, Kern County 1, Bakersfield 3, Los Angeles County 4, Glendale 1,

* From reports received on September 28th and 29th for week ending September 26th.

Long Beach 1, Los Angeles 18, Lynwood 1, Madera 2, Marin County 1, Monterey County 5, Colton 1, San Francisco 1, Stockton 1, San Luis Obispo 2, Sonoma County 6, Stanislaus County 2, Tulare County 2, Visalia 1.

Measles.

37 cases of measles have been reported, as follows: Berkeley 1, Oakland 4, Humboldt County 1, Los Angeles County 2, Glendale 2, Los Angeles 6, San Gabriel 1, Whittier 1, South Gate 1, Sacramento 2, San Francisco 13, Stockton 1, Santa Cruz 1, Stanislaus County 1.

Smallpox.

6 cases of smallpox have been reported, as follows: Butte County 1, Fresno County 1, Los Gatos 3, Mount Shasta 1.

Typhoid Fever.

8 cases of typhoid fever have been reported, as follows: Alameda 1, Hayward 1, Richmond 1, San Francisco 4, Sutter County 1.

Whooping Cough.

104 cases of whooping cough have been reported, as follows: Alameda 2, Berkeley 2, Oakland 12, Fresno County 3, Los Angeles County 8, Beverly Hills 2, Huntington Park 1, Long Beach 1, Los Angeles 18, Pasadena 1, San Gabriel 4, San Marino 1, Anaheim 1, Riverside County 2, San Bernardino County 9, San Francisco 6, San Joaquin County 2, Stockton 4, San Luis Obispo County 1, Paso Robles 1, San Luis Obispo 4, Burlingame 1, Santa Barbara County 4, Santa Maria 2, Santa Clara County 1, Palo Alto 1, San Jose 10.

Meningitis (Epidemic).

6 cases of epidemic meningitis have been reported, as fol-

lows: Glenn County 1, Pasadena 1, Rocklin 1, San Bernardino County 1, San Francisco 2.

Poliomyelitis.

10 cases of poliomyelitis have been reported, as follows: Fresno County 1, Glendale 2, Los Angeles 1, San Francisco 2, Stanislaus County 2, Lindsay 2.

Encephalitis (Epidemic).

Fresno County reported one case of epidemic encephalitis.

Trichinosis.

Berkeley reported one case of trichinosis.

Botulism.

Los Angeles reported one case of botulism.

Food Poisoning.

6 cases of food poisoning have been reported, as follows: Maywood 3, Huntington Beach 3.

Undulant Fever.

3 cases of undulant fever have been reported, as follows: Imperial County 1, Los Angeles County 1, Monrovia 1.

Coccidioid Granuloma.

2 cases of coccidioid granuloma have been reported, as follows: Los Angeles County 1, Madera County 1.

Septic Sore Throat.

3 cases of septic sore throat have been reported, as follows: Glendale 1, Huntington Park 1, Bell 1.

COMMUNICABLE DISEASE REPORTS

Disease	1931				1930			
	Week ending			Reports for week ending Sept. 26 received by Sept. 29	Week ending			Reports for week ending Sept. 27 received by Sept. 30
	Sept. 5	Sept. 12	Sept. 19		Sept. 6	Sept. 13	Sept. 20	
Botulism	0	0	0	1	0	5	0	0
Chickenpox	26	23	53	40	45	48	64	101
Coccidioid Granuloma	2	0	0	2	0	0	2	0
Diphtheria	31	32	35	56	30	37	19	39
Dysentery (Amoebic)	1	1	1	0	1	0	0	0
Dysentery (Bacillary)	8	4	5	4	1	1	6	1
Encephalitis (Epidemic)	1	1	1	1	4	4	2	1
Erysipelas	6	12	6	9	9	10	5	4
Food Poisoning	0	2	11	6	10	3	8	3
German Measles	2	7	6	9	9	9	3	1
Gonococcus Infection	176	127	156	132	108	200	149	106
Influenza	20	15	27	23	13	13	11	39
Jaundice (Epidemic)	1	0	1	0	0	0	0	0
Malaria	2	2	1	2	3	1	0	0
Measles	64	44	86	37	43	48	42	56
Meningitis (Epidemic)	2	3	3	6	2	3	2	4
Mumps	31	24	46	63	70	91	95	93
Ophthalmia Neonatorum	0	1	0	1	0	0	0	0
Paratyphoid Fever	2	1	2	2	0	1	1	1
Pellagra	2	0	2	1	0	1	2	2
Pneumonia (Lobar)	15	20	23	34	34	18	26	27
Poliomyelitis	9	10	9	10	49	62	68	65
Rabies (Animal)	3	4	4	8	16	14	9	21
Relapsing Fever	1	0	0	0	0	0	0	0
Scarlet Fever	63	35	55	62	31	40	37	59
Septic Sore Throat	1	0	1	3	0	0	0	0
Smallpox	3	1	5	6	11	11	8	7
Syphilis	196	241	184	170	108	119	187	128
Tetanus	2	4	1	4	1	0	0	1
Trachoma	5	2	2	2	3	9	3	0
Trichinosis	0	0	0	1	0	0	0	1
Tuberculosis	176	134	195	162	240	173	190	164
Tularemia	0	0	0	0	0	0	0	1
Typhoid Fever	18	19	32	8	16	16	18	11
Undulant Fever	2	0	3	3	5	1	2	4
Whooping Cough	177	93	105	104	93	123	112	78
Totals	1,048	862	1,055	972	955	1,061	1,071	1,018

Most of the reportable diseases are conspicuous through their absence.

Food poisoning cases continue to be reported with considerable regularity.

One case of trichinosis reported may be a harbinger of winter.

An influenza outbreak has been reported in one of the South Sea islands, but not in California. (*Carpe diem.*)